MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/593895
FILING DATE 09-22-04
APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1			1		
2		1		1		
3		2		1		
4		(i)		1		
5		(i)		1		
6		(1)		1		
7		2		1		
8	1		1			
9		1		1		
10		2		1		
11		(1)		1		
12		(i)		1		
13				1		
14				1		
15				1		
16				1		
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TOTAL IND.	2		2			
TOTAL DEP.	13		8			
TOTAL CLAIMS	15		20			

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (REV. 11/04)